Ontario
Advisory Council
on Senior Citizens

Dental Care Needs of Ontario's Seniors

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About The Ontario Advisory Council on Senior Citizens

The Council has been in existence since April 1974. Its primary purpose is to promote and develop opportunities for self-help for the aged, and to review current government policies that affect the aged in Ontario's population. The Council reports to the Ontario government through the Provincial Secretary for Social Development.

Membership in the Council comprises eighteen men and women drawn from various age groups, professions, and backgrounds in the five main regions of the province.

The goal of the Council is to help create a society in which it is possible to grow old with dignity and a sense of usefulness; where services are adequate and diversified, including an element of choice in all facets of living for senior citizens; and where people have genuine concern for the well-being of others. Underlying this goal is a firm belief in the principle of self-help.

Dental Care Needs

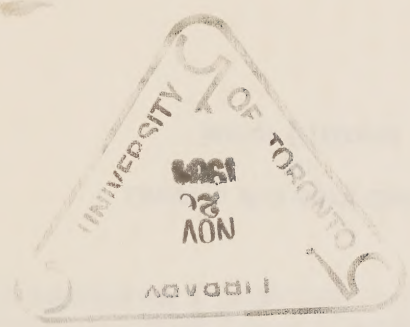
of

Ontario's Seniors

Position Paper

Ontario Advisory Council
on
Senior Citizens

December 1980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INTRODUCTION

The Ontario Advisory Council on Senior Citizens wishes to emphasize the responsibilty of all individuals, particularly senior citizens, in the maintenance of their well-being by utilizing preventive measures, by adhering to proper nutrition and by participating in physical and mental fitness activities. This paper contains recommendations that might assist the provision of preventive dental care and therapy for senior citizens.

Dental care for seniors - preventive dentistry, maintenance and treatment of teeth and mouth has been an issue of long standing for this Council and a number of observations and recommendations have been made on this specific concern.

We were, therefore, pleased with the announcement made by the Honourable Dennis Timbrell, Minister of Health, on June 24, 1980:

> "For the past three years, my ministry has been pursuing four distinct goals that are designed to encourage and manage change in the system. All four goals have important implications for public health.
>
> The first is a shift in emphasis from acute care to alternate forms of care, from institutional care to community-based services. Second is an increased emphasis on prevention. The third goal is to encourage people to take greater responsibility for their own health. The fourth is decentralization of the health care planning process.
>
> A number of components are being proposed in consultation with Public Health Agencies for a core program of Public Health Services in Ontario. Core programs have been considered under six broad categories: immunization, preventive dentistry environmental sanitation, family health, home accident prevention and nutrition."

The Ontario Advisory Council on Senior Citizens is particularly pleased that preventive dentistry is one of the six major goals.

This position paper provides background material, suggestions and recommendations on the dental care needs of Ontario's seniors.

D.H. Rapelje

Douglas H. Rapelje
Chairman

Present Situation

In Ontario, 6 out of every 10 senior citizens living in the community require some form of dental treatment. If they still have their own natural teeth, one in every three needs restorations and one in every five needs extractions. For those who are without natural teeth, one in every three needs a full denture.

Senior citizens in institutions have even greater dental needs. Although only 20% of this group need or are capable of receiving care, three out of every four who have natural teeth need restorations and almost half need teeth removed. Over 60% of institutionalized seniors needing treatment require denture services.

The utilization of dental services by senior citizens in Ontario is low compared to other provinces and the United States. It is estimated that only 18% of persons 65 years of age and over in Ontario visit a dentist in any given year compared to 26% in Alberta and 36% in the United States. Residents of institutions are even less likely to visit a dentist. (From: Appendix A "Dental Care for the Elderly").

Reasons for Dental Care

The condition of the mouth is important to the well-being of the older person. A well functioning dental system free of pain and infection enables senior citizens to consume more nutritious diet and thus enjoy greater health and energy. Aside from aiding the enjoyment of eating, there are many other functions which the mouth performs that contribute to the physical and/or psychosocial well-being of the older person. Some of these include communication, work and creativity. Teeth, either natural or artificial affect verbal communication because they facilitate the formation of speech sounds which results in more effective and meaningful verbal expressions of emotions. In addition, teeth contribute to physical attractiveness.

Implementation of Dental Care

A number of surveys and studies regarding dental care have been done and considerable data on this subject is readily available. The findings indicate a great need for dental care.

For example, a survey conducted in Toronto in 1971 of senior citizens who attended the University of Toronto Dental Clinic and a comparison group living in a senior citizens' housing project revealed that cost, convenience and no perceived need were the greatest barriers to getting the required dental care.

Another survey conducted in 1976 to determine the extent of dental facilities and services in continuing care institutions in Ontario showed that there was a crisis intervention toward dental care generally and that many institutions encountered difficulty finding a dentist who was willing to visit the home or accept patients from the home at his office.

A study done in Hamilton some years ago revealed that over half of a group of denture wearing senior citizens had significant denture problems of which they were not conscious (November-December 1972).

It is of interest to note that the studies have mainly addressed themselves to the problems, however, very few have showed ways and methods on how to solve the needs, hence, the implementation of dental care remains to be decided.

There are a number of factors to be considered in the area of dental care for the elderly:

(a) individual motivation for dental care
(b) accessibility to dental services
(c) availability of dental care personnel
(d) affordability of dental services

We would like to examine these factors and steps to be taken.

Motivation for Dental Care

Some of the present day seniors did not have the advantages of dental care and therfore often lack the awareness and knowledge as well as self-determination for dental care. The reasons for this are varied - poor nutrition, lack of preventive measures, cultural backgrounds and socio-economic conditions, accessibility and availability of services, prohibitive cost, personal priorities, fear of pain.

Education is needed to increase awareness for dental care, perhaps even through mass media. Public Health units could expand their important role in motivating seniors to seek dental care. One has to note that the degree of motivation in the future generation of seniors will be higher due to the present preventive programs. This might result in more frequent visits to the dentist, however, the overall cost will be lower due to a better condition of the teeth and mouth.

Accessibility to Dental Services

Accessibility differs for seniors living in the community and those being cared for in long-term care facilities.

Those in the community have to seek out dental services and can encounter difficulties with the physical set-up of dental offices - lack of transportation, flights of stairs etc. In rural areas this is magnified by distance. Home-bound seniors while able to function with the help of support services, have virtually no access to dentist unless family or friends can take them to an office or a clinic.

There could be a number of solutions to these problems:

- The Ontario Dental Association has been providing information, upon request, of names and addresses of dentists interested in seniors and accessible to them. The Association could be asked to expand the information by supplying it to the senior citizens housing buildings, senior citizens centres, etc.

  Such information would not only motivate seniors to seek out care, but would also help those whose dentist might have moved or died and who are reluctant to go to a new dentist. It has been said that we are apt to change medical doctors but cling to one dentist.

  For institutionlized seniors access to dental services appears to be extremely limited unless an institution is equipped with a special clinic able to accommodate semi or non-ambulatory residents or patients.

- An existing long-term care facility could open a dental clinic to seniors in the community. If one is not available, it would be advisable to establish one as the dentist would be guaranteed more patients - residents and community based. Some existing clinics in long-term care facilities pay the dentist for time and not by the number of patients. For example, there is a dental clinic in St. Mary's of the Lake Hospital in Kingston.

This is a chronic care hospital in which a dentist serves the needs of patients and also offers care to outpatients. Dental clinics also exist at the Baycrest Centre for Geriatric Care in Toronto and Regional Niagara Homes for senior citizens.

Affordability of Dental Services

A study on the utilization of services by "poor" and "non-poor" people shows that the gap for medical services has closed between the two groups, however, the gap for dental services still exists. At present few seniors have dental insurance plans. This will change in the future with more people covered by dental insurance entering senior citizens' status. There appears to be doubt whether prepaid programs of dental care have made services more popular. A fifteen year-old data of dental insurance does not indicate a "stampede to the dentist". The quantity of visits to the dentist has increased but the total number of people has not. Insurance companies do not know how many people are covered by dental plans as their records only show families (regardless of the number of dependents) and single persons.

Availability of Dental Care Personnel

We understand that at the present time the manpower appears to be more readily available with some of the dentists not working to their fullest capacity. This phenomenon might reverse itself if the recent proposal of curtailment of enrolment into dentistry schools is implemented.

However, dental manpower can be increased by the training of more supervised paradental (auxiliary) manpower in order to better equip the dental health team to serve the public.

In addition, local Public Health Units, as part of their dental program , have to be encouraged to conduct screening, referral and follow-up activities in the community and within the institutions. Local Health Units should also engage in dental health promotion and eduction for seniors.

Summary

The Ontario Advisory Council on Senior Citizens believes that the issues and concerns expressed in this discussion paper on dental care are of vital importance to our elderly and therefore recommends the following:

"We wish to urge the Government of Ontario and dental care professionals to seriously consider the strategy for dental care delivery."

Under Appendix A we have attached for discussion purposes "A Denticare Plan for Ontario Senior Citizens" prepared for the Council by Dr. David W. Banting, Associate Professor, Division of Community Dentistry, University of Western Ontario.

We wish to emphasize that the paper is for discussion only, as while we concur with most of the recommendations, costs and with the points raised and with some of the solutions offered, we cannot recommend the plan on a universal basis, but would consider it on a means-test basis.

Also attached are other supporting documents, i.e. articles of existing programs, proposed plans and recommendations.

APPENDIX A

Dental Care for the Elderly

Prepared for the Ontario Advisory Council on Senior Citizens by David Banting, D.D.S, February, 1980

In Ontario, 6 out of every 10 senior citizens living in the community require some form of dental treatment. If they still have their own natural teeth, one in every three need restorations and one in every five need extractions. For those who are without natural teeth, one in every three needs a full denture.[1]

Senior citizens in institutions have even greater dental needs. Although only 40% of this group need or are capable of receiving care, three out of every four who have natural teeth need restorations and almost half need teeth removed. Over 60% of institutionalized seniors needing treatment require denture services.[2]

The utilization of dental services by senior citizens in Ontario is low compared to other provinces and the United States. It is estimated that only 18% of persons 65 years of age and over in Ontario visit a dentist in any given year compared to 26% in Alberta and 36% in the United States. Residents of instututions are even less likely to visit a dentist.[3]

The cost of dental care is one reason for the low utilization rate among senior citizens. In 1971, it was estimated that the cost of dental care for older persons would be $125 per person treated. Experience from Blue Cross in Ontario showed that the average cost per person 65 years and over treated in 1974 was up to $145. Alberta's Extended Health Benefits Plan, which has provided dental coverage for senior citizens and their dependents since 1974, has shown the average cost per person serviced to fluctuate between $147 and $157.[3] It would be difficult to argue that cost is the only factor keeping most senior citizens from getting the dental care they need. Lack of a family dentist, transportation difficulities, physical limitations, weather and inaccurate public knowledge are also involved. The relative importance of each of these factors varies not only with the individual but also with where he resides. A survey conducted in Toronto in 1971 of senior citizens who attended the University of Toronto Dental Clinic and a comparison group living in a senior citizen's housing project revealed that cost, convenience and no perceived need were the greatest barriers to getting needed dental care.[4] Another survey conducted in 1976 to determine the extent of dental facilities and services in continuing care institutions in Ontario showed that there was a crises orientation toward dental care generally and that many institutions encounter difficulty finding a dentist who is willing to visit the home or accept patients from the home or accept patients from the home at his office.[5]

The condition of the mouth is important to the well-being of the older person.[6] A well-functioning dental system free of pain and infection would enable senior citizens to consume more nutritious diet and thus enjoy greater health and energy. As well, good oral health would contribute immensely to the enjoyment of eating and enhance the self-image and sociablity of older persons.

Alberta was the first province to include dental benefits as insured services under its medical care plan in 1974. Interest in dental care for senior citizens is growing, particularly in the United States. A pilot program is now underway in Denver, Colorado to access the merits of a dental system for persons who are homebound or residing in nursing homes. After evaluation, the program is expected to be duplicated on a national scale. In California, there is now a statewide program to provide dental care at great savings to senior citizens not eligible for medicaid benefits.

After reviewing the current dental status of senior citizens and the existing arrangements for dental care, the Advisory Council on Senior Citizens makes the following recommendations:

1) that the Ontario Ministry of Health expand the insured benefits of the Ontario Hospital Insurance Plan to include basic dental services for senior citizens;

2) that the Ontario Ministry of Health establish a regional network of dental clinics located in chronic and rehabilitation hospitals or other centres which would provide care for chronically ill persons particularly those confined to extended care facilities in the province;

3) that the Ontario Ministry of Health develop and maintain a corps of dental practioners and support staff to provide dental care to chronically ill patients;

4) that the Ontario Ministry of Health encourage and assist in the funding of dental education, screening, referral and follow-up programs for senior citizens within local public health units;

5) that the Ontario Ministry of Health encourage and fund research projects related to dental care and the aging patient through requests for proposals and contracts for specific projects;

6) that the Ontario Ministry of Health, throgh the Royal College of Dental Surgeons of Ontario, sponsor continuing education courses on the dental care of the aged.

In order to facilitate the implementation of recommedations 1, 2, and 3, a proposal for a Denticare Plan for Ontario Senior Citizens has been prepared.

At the present time, the per capita cost of OHIP benefits for senior citizens is about $137 for the insured population. Expanding the dental services would add another $33 resulting in a total cost of $170.

A DENTICARE PLAN FOR ONTARIO SENIOR CITIZENS

Eligibility

All persons resident in the Province of Ontario and registered under the Ontario Hospital Services Insurance Plan who are 65 years of age and over are eligible.

Benefits

The Plan covers all basic emergency, diagnostic, preventive, restorative, surgical and prosthetic services provided by a licensed dentist and complete denture services provided by a licensed denture therapist.

Conditions

Dental services under the Plan will be subject to the following conditions:

(a) only one make, remake or rebase of a full or partial denture for each arch will be allowed in any 60 month period;

(b) only one reline of a full or partial denture for each arch will be allowed in any 36 month period;

(c) only one examination (initial or recall) will be allowed in any 12 month period;

(d) a maximum of four post-insertion visits will be included in the fee of the prosthetic procedure and will not be charged for separately;

(e) not more than one complete set of x-rays or one panorex x-ray will be paid for in any 36 month period; and

(f) all payments on behalf of an eligible person shall not exceed $1000 for any 24 month period.

Exclusions

The Plan will not cover the following dental procedures:

(a) intra-osseous or sub-periosteal implants;

(b) gold foil restorations; and

(c) major orthodontics involving fixed banding procedures.

Payment

Dentists and denture therapists may bill the Plan directly. The Plan will pay 100% of the current Ontario Dental Association fee guide for all covered services except prosthetic services in which case fee schedules will be negotiated with the Ontario Dental Association and the Ontario Denture Therapist's Association. All fees paid by the government will represent payment in full for the services specified.

If a dentist or dental therapist chooses not to bill the Plan directly, he must:

(a) inform the patient in writing prior to treatment;

(b) complete a claim card(s) for the patient; and

(c) issue a receipt outlining the services provided and the fees paid by the patient.

Administration

Any initial or recall examination revealing required services in excess of $150 must receive authorization prior to treatment (other than emergency care). A dental consultant will be retained by the government to review these cases.

Demographic and all treatment information must be entered on a standard claim card and submitted monthly to the Ontario Hospital Insurance Plan claims department.

Practitioner and patient profiles and cost and service data will be maintained by Ontario Hospital Insurance Plan.

Residents of Nursing Homes and Chronic Hospitals and the Homebound

Because of the overwhelming problems of accessibility to and availability of dental services for chronically ill older persons, it is suggested that a network of specially designed dental facilities be established throughout the province. Each facility will have responsibility for the senior citizens living in nursing homes, chronic and rehabilitation hospitals or confined to their own homes in the region.

A corps of dentists will be developed and, with suitable support staff, will provide the required dental services in the region. The treatment will be provided primarily at the central dental clinics but, when required, the team will be equipped to deliver dental care in another institution or a patient's home.

This corps of dentists will be full-time salaried or contractual personnel under the jurisdiction of the Ontario Ministry of Health and will be subject to the job descriptions, working conditions and policies of that Ministry.

If a patient already has a private dentist or denture therapist and wishes to have him provide treatment, the dentist or denture therapist will be reimbursed by the Plan according to the conditions outlined previously.

Eligible Population

At the present time there are about 800,000 people 65 years of age and over in Ontario. Thirty-six thousand (4.5%) senior citizens reside in nursing homes and chronic hospitals and at least another forty thousand (5%) are homebound. Senior citizens in Ontario also have about 275,000 dependents under 65 years of age but dependents will not be included in the following estimates.

Using the population projections made by Statistics Canada,[7] the eligible population for the Plan would be as follows:

YEAR	TOTAL 65+	INSTITUTIONALIZED	HOMEBOUND
1981	817,800	36,800	40,900
1982	840,200	37,800	42,000
1983	861,800	38,800	43,100
1984	882,800	39,700	44,100
1985	904,100	40,700	45,200
1986	927,500	41,700	46,400
1987	954,400	42,900	47,700
1988	983,700	44,300	49,200
1989	1,015,500	45,700	50,800
1990	1,048,200	47,200	52,400
1991	1,080,100	48,600	54,000

Because there are no data on which to base predictions, regarding the extent of limitations caused by chronic illness, the above estimates assume that the proportions of homebound, and institutionalized seniors will remain essentially unchanged in the next decade.

Utilization

It is unlikely that all eligible persons will utilize the Plan although it is fully expected that demand for dental care among senior citizens in Ontario will increase. A minimum of 20% and a maximum of 40% of the eligible population would be expected to receive dental services in any given year with 30% being a realistic figure.

Furthermore, this utilization rate can be further subdivided as to initial or maintenance visits. Maintenance visits are estimated to take only half as long and cost half that of initial visits. During the first year there would be no maintenance care and thereafter, most of the visits would be for maintenance care.

For the salaried service, the proportion of eligible persons treated annually will depend on the productivity of the dental corps rather than on the demand for care by the patients. It is expected, however, that about 40% of the institutionalized and homebound senior citizens will be treated annually by the end of the ten-year period. This would correspond closely to survey results which show that the same proportion require care.

Costs

Accurate cost projections are not always possible but estimates based on past experience should provide a reasonable approximation.

An average cost of $150 per person treated will be used for 1980 with a 5% annual increase thereafter. Salary and equipment cost are based on guidelines now used for cost projections in the Ministry of Health with a 10% annual increase. Initially, 20 clinics will be established throughout the province and will be able to care for 10,000 - 15,000 patients. Private practitioners will also treat some 6,000 institutionalized patients.

A. DENTICARE COST FOR NON-INSTITUTIONALIZED SENIOR CITIZENS AND DEPENDENTS

YEAR	INITIAL COSTS($)	MAINTENANCE COSTS($)	INITIAL CARE	MAINTENANCE CARE	TOTAL CARE (Million $)
1981	158	0	30%	0	35.08
1982	166	83	10%	20%	25.25
1983	174	87	10%	20%	27.14
1984	183	92	10%	20%	29.24
1985	192	96	10%	20%	31.42
1986	202	101	10%	20%	33.91
1987	212	106	10%	20%	36.63
1988	223	112	10%	20%	39.70
1989	234	117	10%	20%	43.00
1990	246	123	10%	20%	46.67
1991	258	129	10%	20%	50.44

DENTICARE COSTS FOR INSTITUTIONALIZED AND HOMEBOUND SENIOR CITIZENS

YEAR	SALARIED TEAMS (Millions $)	PRIVATE PRACTITIONER FEES ($)
1981	1.20	948,000
1982	1.32	664,000
1983	1.45	696,000
1984	1.60	734,000
1985	1.76	768,000
1986	1.93	808,000
1987	2.13	848,000
1988	2.34	892,000
1989	2.57	936,000
1990	3.09	984,000
1991	3.40	1,032,000

These overall cost figures should be contrasted with estimates made by the Ontario Dental Association in 1973 and the Report of the Ontario Council of Health in 1978.

ESTIMATED COST OF DENTAL SERVICES
FOR SENIOR CITIZENS ($ Million)

ONTARIO COUNCIL OF HEALTH[8]	$100.00
ONTARIO DENTAL ASSOCIATION[9]	19.15

The cost estimates used by the Ontario Council of Health assumed 100% utilization which may be ambitious while the O.D.A. projections used cost data determined for children's services which are likely to be less than for older adults.

Manpower

An increase of even 40% in the demand for dental care among senior citizens would not represent an unmanageable burden for the present dental care delivery system in Ontario. Two recent surveys have indicated that the waiting lists for private dental practitioners are becoming shorter and that many dentists are less busy than they would like to be.[10, 11]
The annual graduation of about 175 dentists from the two dental schools in Ontario should ensure that adequate dental manpower is available to handle any expected increased demand for dental services.

Role of Local Public Health Units

Local public health units will need to play a vital role in the Plan. As part of their dental program, local health units will be encouraged to conduct screening, referral and follow-up activities in the community and within the institutions. If a need for treatment is identified, the persons will be referred to either a private dentist or a central clinic depending on his place of residence and physical state. Local health units will also be responsible for dental health promotion for seniors and for in-service training programs on mouth care for the staffs of nursing homes and chronic hospitals. As a result of these activities, the local health unit will be able to monitor the dental health of senior citizens within their jurisdiction.

These services can be provided with only minimal increases in the budgets of local public health units to permit the acquisition of equipment and personnel if such are not presently available.

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APPENDIX B

DENTAL CARE

Excerpts from the 1978 Report of the Task Force on Health Care for the Aged, Ontario Council on Health.

Dental Care

The Task Force was advised that 60 percent of persons in Ontario aged 65 and over, need some form of dental treatment. Such treatment may range from examination and cleaning of teeth to major restorations and dentures.

Elderly people make up about 5 percent of an average dentist's practice. Dental education for the elderly is not adequate since there is little information available to them in published form or otherwise. If such education were improved there could be an increased demand for services.

Geriatric dentistry is not seen by specialists as a didactic program of education for all dental professionals, but, rather as an internship. Nevertheless, consultants agreed that insufficient time is spent in the education of dentists on the natural changes in the mouth due to aging, and on the dental problems of the elderly in our society.

Two methods of improving dental services to the aged would be a "denticare program" and/or travelling dental clinics. The former would be very expensive in the province of Ontario. It is considered, however, that there would be enough professional manpower to establish such a program in Ontario through private dental offices.

To date, travelling dental clinics have been made available only to children living in remote parts of the province of Ontario or where dental services are not available within reasonable distance. Mobile units are driven to such communities and, in cooperation with Boards of Education, are located on school grounds. In the experience of officials of the Ministry of Health elderly people have not demanded a travelling clinic but are increasingly requesting dental care services.

The Task Force was of the view that it may be difficult to justify a dental plan for the aged in Ontario under public auspices especially where there is no universal insurance plan for children in this Province. Denticare would not dramatically improve health or save lives. However, it would not be difficult to develop a dental plan for the elderly in Ontario under public auspices, especially as many dental services could be provided by dental auxiliaries working in association with dentists. A case could be made that adequate dental care would enable older people to eat properly, to ingest better nutrition and thus to enjoy greater health and energy.

Recommendations derived from this exploration of dental problems of and dental care for the elderly are:

> Recommendation 10. THAT the Ministry of Health give consideration to the payment of all or part of the cost of certain major dental procedures and prostheses for the elderly, eligibility to be determined on the basis of need.

Recommendation 11. THAT the Ministry assist hospitals, other institutions and local official health agencies to develop dental clinics which would provide care for the elderly.

The major functions of dentists include restoration of othewise sound teeth after decay has been removed, removal and replacement of teeth which are beyond repair, teaching and encouragement of patients toward the prevention of dental caries and periodontal disease, and the identification of other problem conditions in the mouth which may require medical attention.

Until recently (the early 1960's) the conventional wisdom held that elderly persons required minimal dental service. It was generally believed that every person lost most or all of his natural teeth by the time he was 60 years of age, that most people wore complete sets of dentures by their middle or late 60's and only rarely required the assistance of a dentist in fitting, modifying or replacing such prostheses. Moreover, it was considered that prevention of these typical patterns of dental loss was virtually impossible.

The Task Force learned that all of these suppositions are incorrect and/or will rapidly be discarded as larger numbers of Ontario residents reach age 65 and over by the end of this century. More older people than in the past are retaining some teeth, a fact which can assist the dentist in developing better-fitting dentures and a more natural facial appearance.

Prevention is no longer considered impossible, and the "young-old" group by the turn of the century may have benefitted substantially from recent stress on dental health and prevention associated with the development of topical and paste fluorides. This practice of dentistry will inevitably include a far greater proportion of persons age 65 and over than now pertains.

APPENDIX C

THE CLINICAL MANAGEMENT OF THE AGING PATIENT: FACTORS IN PROVIDING PREVENTIVE AND TREATMENT SERVICES

David Banning, DDS

Numerous surveys, providing us with a fairly good estimate of the oral condition of the older people in our population, have been conducted in Ontario and other places.[1-22]

All show that the elderly have lost many teeth. While aging is not a direct cause, tooth mortality has been found to increase directly with advancing years. Most edentulous older people are not only unfortunate enough to be toothless but also seem to be required to tolerate poorly-fitting and, frequently, potentially dangerous prostheses. It is encouraging that the proportion of older people without their natural teeth is decreasing and, is a consequence of more and better dental care being available, senior citizens can anticipate longer retention of more teeth.[23]

Preserving one's teeth, however, may lead to other problems such as periodontal disease which occurs in more severe forms than are found in younger people.[24] It has also been demonstrated recently that older people are susceptible to dental caries, notwithstanding that this disease has, historically, been essentially allied to children and young adults.[25]

The purpose of this paper is not to emphasize that older patients have dental problems and that there is an on-going need to assess their oral conditions on a routine and continuing basis. Rather, it is to outline some of the reasons why the mouths of older persons should be maintained in as good a state of health and functions as possible. Some factors affecting the oral health of older persons will also be discussed. It need not be argued that the condition of the mouth is inseparable from overall well-being.

Importance of the mouth

For several reasons, which will be outlined only briefly, the health of the mouth deserves considerably more attention than it has received in the past. The mouth and the teeth particularly are designed to accept food and prepare it for passage through the remainder of the gastro-intestinal system.

A frequent problem encountered by the elderly is loss of the upper and lower posterior teeth which are normally used in chewing. The transferring of this function, inappropriately, to the anterior teeth whose function should be cutting, results in inadequate mastication. Whether or not older people who masticate poorly suffer more from gastritis is unclear,[26] but it is well known that the elderly consume a large quantity of antacids[27] which may be attributable to the inefficiency of the chewing function.

Dentures do not entirely solve the problem either. Although it has been shown that biting force with dentures can be as powerful as with natural teeth and that the masticatory performance increases with the quality of the fit of the denture,[28] in

surveys conducted in Ontario only half the dentures examined were judged to be totally adequate in terms of fit, occlusion, function and patient satisfaction.[5,8]

In addition to the need to be able to masticate properly, there is pleasure to be derived from chewing food. Savouring what is eaten can be especially important to the older person. There are no data available to illustrate that enjoying eating seems to become more meaningful as we grow older but one has only to visit a geriatric institution around mealtime and observe the people sitting at the tables, fifteen minutes before service is scheduled to begin, to appreciate the importance which the residents attach to their meals. The ability to enjoy food is, without question, directly associated with the state of health of the mouth.

Although it has been demonstrated that one does not need teeth, or even good dentures, to have a nutritionally sound diet, the state of the dentition has been shown to affect food selection.[29] People with poor or no teeth tend to avoid the more desirable "hard" foods such as nuts, meats, fresh fruits and vegetables, selecting instead softer, less nutritious foods usually high in starch and carbohydrate.[30]

Face to face contact is inevitably involved when we meet people. If older persons are embarrassed about their teeth or the fit and appearance of their dentures, they probably tend to avoid such encounters. To my knowledge, this postulation has never been explored but it is entirely likely that problems with oral pain or distress from poor-fitting appliances have a significant psycho-social connotation.[31]

Perhaps the most important relationship of the mouth to the well-being of the elderly, at least from a medical standpoint, is found in oral diseases and their manifestations in terms of general health. Squamous cell carcinomas, for instance, can have a very devestating effect on the older person and his family. Most oral cancer is discovered in the 60-69 year age group. If untreated, the survival rate is poor, but when diagnosed and treated early the five year survival rate is excellent.[32] The incidence of oral cancer is, fortunately, reasonably low, the importance of early diagnosis and immediate treatment need not be belaboured here.

There are many other functions which the mouth performs that contribute to the physical and/or psychosocial well-being of the older person. Some of these include communication (speaking and expressions of emotions such as love, hate, frustration and joy), work, and creativity. Teeth, either natural or artificial, affect verbal communication because they facilitate the formation of speech sounds which results in more effective and meaningful verbal expression of emotions. In addition, teeth contribute to physical attractiveness.

The mouth, from birth, is the primary source of gratification and pleasure and, although these needs continue through life, their dominance is diminished as one grows older. However, towards the end of life, when it may be necessary to re-establish links to a formerly secure and affectionate environment, the mouth again may predominate.[32]

To a much more limited extent, the mouth can be used to advantage in work and creativity. For instance, many stroke victims are left with hemiplegia and, in an effort to remain functional and productive, frequently rely on their mouths as a substitute for the paralyzed arm.

Factors influencing oral health

The lack of even limited knowledge concerning what can and should be done for their mouths and teeth contributes substantially to the poor oral condition of older people. A study done in Hamilton, Ontario, some years ago revealed that over half of a group of denture wearing senior citizens had significant denture problems of which they were not conscious.[9]

The elderly, generally, are not well-informed about advances in knowledge and technology concerning dental health. Almost no literature exists, that is readily available to the public, which informs older people of what to do about an oral problem, how to care for their mouths, or even where to go for advice and treatment if required.

There are many forms of dental health education materials for young children but virtually none for the older age group. Such simple advice, in pamphlet form, as to remove dentures at night to rest the mouth or to visit a dentist for a check-up every year or two, even if there are no natural teeth at all, is quite limited.

Frequently cited barriers to dental care for the older person are finances and the supposed high cost of restorative services. These, coupled with a lowered and frequently fixed income following retirement, often lead to a disturbing problem which may be somewhat more illusory than real. All older persons do not require expensive dental treatment; some require no treatment at all. The Alberta Extended Health Benefits Plan, which is a government-sponsored dental prepayment plan for senior citizens, reports that the average annual per capita cost for persons utilizing the plan is about $150.[33] The per capita cost for all persons eligible is $39. Ontario Blue Cross has had a similiar cost experience.

A denticare plan for senior citizens in Ontario has been advocated on several occassions.[7.9.3.35] Dentistry remains the only major health service which is not subsidized for senior citizens in this province.

Although the Old Age Security Pension is now indexed to the cost of living, it still lags behind the increasing costs of providing dental services. A dental fee of $150 to a senior citizen in Ontario who receives Old Age Security and the maximum Guranteed Income Supplement represents 4.2% of his annual income. This proportion is in excess of what the same dental fee would represent to a person receiving unemployment insurance benefits subsequent to working full-time at the minimum wage.

Although full government subsidization of dental care for senior citizens (and patients of continuing care institutions who are not senior citizens) would be welcomed, even partial subsidization would be a progressive step. There are no data available on the actual costs of providing dental care to senior citizens, the best system of delivery or even the effects at the present time. A demonstration project centred in one or more locations would provide the necessary information to organize an appropriate dental program.

Most older people do not visit a dentist regularly. It is estimated that only about 20% of senior citizens in Ontario visit the dentist in any one year.[9] This can be contrasted with Alberta where 25 - 27% of the senior citizens receive dental benefits annually.[33]

There seems to be no doubt that a subsidized plan gets more older persons to the dentist more often. It usually follows that the people who visit the dentist more frequently also have better oral health.

Even if money were available to have the mouths of older persons restored and maintained, many of them have no identified dentist and, as a consequence, perceive difficulty in getting back into the dental care system. The homebound and, particularly the institutionalized elderly have exceptional problems in this regard. Very few dentists are willing to leave their offices to treat patients in their homes or in institutions because of inadequate facilities. Equally few can or will accept handicapped patients as their offices have not been designed to accommodate wheelchairs. Accessibility to dental care is restricted for many of the elderly persons in our population.

Treatment of the older patient, like the treatment of the child patient, is not undertaken by all practitioners with equal enthusiasm. For this reason, clinics may be established which are equipped to manage the older, chronically ill patient. These clinics should be centrally located, near public transportation and staffed with appropriate numbers and types of dental auxiliaries.

To complement these clinics, dental public health personnel could perform a screening and referral service for senior citizens in the community. This would serve not only as a case-finding service but also ensure that persons with identified problems are referred to a source of care with the appropriate follow-up. Education of older persons or those responsible for the day to day care of older persons could also be the responsibility of the public health agency.

In a 1975 report to The Ontario Dental Association, recommendations were made regarding dental care services for residents of continuing care institutions, including mobile dental equipment.[38] The American Dental Association has recently published a booklet which suggests alternative methods of delivery of dental care to senior citizens.[37]

Inadequacies common

The functions that the mouth and teeth perform are well-known. Professional opinion suggest that this importance increases with advancing age but the hypothesis remains to be tested. It is a common observation, however, that older people are experiencing dental and oral inadequacies which more younger persons would not tolerate.

Many older persons do not receive the dental care they require because of barriers such as high costs, inadequate transportation, ignorance and lack of availability of dental personnel. If an optimal state of oral health is important to the well-being of the older population there are methods by which the dental services can be delivered. "Meeting the oral health needs of senior citizens presents one of the greatest challenges to the dental profession today."[37]

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APPENDIX D

Proposed Resolutions
to the
1979 United Senior Citizens of Ontario, Inc. Convention
Kingston, Ontario

Health

Resolution #1	-	Resolved that glasses, hearing aids and dentures be provided for seniors in OHIP for those persons receiving pensions and supplements.
Resolution #2	-	Be it resolved that eye glases, hearing aids and dentures be provided to senior citizens without a means test.
Resolution #3	-	Be it resolved that assistance be requested for senior citizens regarding dental care and eye glasses which are a very expensive burden for the majority of senior citizens.
Resolution #4		Resolved that free examination of eyes, ears and teeth be given and monitary assistance in purchase of eye glasses, hearing aids, and dentures.
Resolution #5	-	Be it resolved that we the pioneers of this great country, which we helped to build and bring to the point it is today, have the right to live in comfort and plenty. We are and should be entitled to Health Care covering Dentistry-Vision - Hearing Aids that should be covered by OHIP.

Proposed Resolutions
to the
1980 United Senior Citizens of Ontario, Inc. Convention
Kingston, Ontario

Resolution #1	-	Be it resolved that this twenty-second Annual Convention of the United Senior Citizens of Ontario Inc, propose that the dentures, hearing aids and eye glasses be made available to all Old Age Pensioners without charge through OHIP.
Resolution #2	-	Be it resolved that eye glass and denture plans should be subdized.
Resolution #4	-	Be it resolved that free dental care be provided for senior citizens.
Resolution #5	-	Be it resolved that OHIP contribute to the cost of dentures eye glasses, hearing aids and foot care.
Resolution #6	-	As the cost of dentures and eye care has risen beyond the means of people on fixed income and as OHIP does not cover these expenses, be it resolved that these people be given financial aid of some kind.
Resolution #8	-	Resolved that dental work and eye glasses be half price to senior citizens over 65 years of age.

APPENDIX E

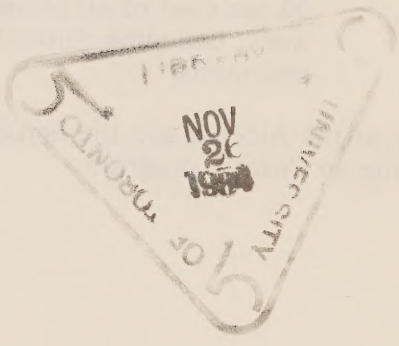
Denticare Programs in
Alberta and British Columbia

For the past five years a Denticare program for seniors and their dependents has been in existence in Alberta. Unfortunately, no statistics are available prior to the establishment of the program making it difficult to assess whether utilization of services has increased.

It was recently announced that British Columbia will have a limited dental plan:

> "Dental work will be subsidized for about 915,000 British Columbians under a provincial dental care plan unveiled by Health Minister, Rafe Muir.
>
> Children under 14 will recieve an annual $32 preventive care package under the plan, which begins January 1, and the government will pay 50 per cent of most other children's dental work to a maximum of $700. The plan will pay 50 per cent of all senior citizens' dental work, including dentures. There will be no premiums."

A close review of the Alberta and the British Columbia plans would be helpful when considering an Ontario program.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